



24 HOUR HOTLINE
(800) 647-9161

P (435) 658-4739
F (435) 658-4814

Application Date _____

Full Name: _____ Date of Birth: _____

Address: _____ Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

How do you prefer to be contacted? Phone Email

Emergency Contact: _____ Phone: _____

How did you hear about Peace House? _____

Availability: Week Days Week Nights Weekends Weekly Monthly

Other (explain) _____

Are you interested in Client Related or Non-Client Related Tasks? *(please circle one)*

Do you speak any other languages? Please list. _____

Occupation: _____ Employer: _____

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Please list all schooling attended, including degrees, diplomas and certificates.

Why do you want to volunteer for Peace House?

What type of skills/talents would you like to share.

Please describe past volunteer experiences.